

Statement of Organization Recipient Committee

Type or print in ink

STATEMENT OF ORGANIZATION

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(If applicable)

☒ Termination – See Part 5

List I.D. number:

1286413

09 / 22 / 2014

Date of Termination

Date Stamp RECEIVED 2014 SEP 24 AM 8:34 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH	CALIFORNIA FORM 410 For Official Use Only
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1. Committee Information

NAME OF COMMITTEE

NANCY GARDENER for CITY COUNCIL 2010

STREET ADDRESS (NO P.O. BOX)

323 JASMINE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CORONA DEL MAR	CA	92625	949-673-0706

CORONA DEL MAR

CA

92625

949-673-0706

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

GARDNERNCY@AOL.COM

COUNTY OF DOMICILE

ORANGE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

PATRICIA ZARTLER

STREET ADDRESS

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
NEWPORT BEACH	CA	92660	949-759-9341

NEWPORT BEACH

CA

92660

949-759-9341

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

NANCY GARDNER

MAILING ADDRESS

323 JASMINE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
CORONA DEL MAR	CA	92625	949-673-0706

CORONA DEL MAR

CA

92625

949-673-0706

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/22/14
DATE

Executed on 9/23/14
DATE

Executed on _____
DATE

Executed on _____
DATE

By Patricia Zartler
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT